

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1	1						51		
2							52		
3							53		
4							54		
5							55		
6		1					56		
7		1					57		
8		1					58		
9		1					59		
10		1					60		
11		1					61		
12		1					62		
13		1					63		
14		1					64		
15		1					65		
16		1					66		
17		1					67		
18		1					68		
19		1					69		
20		1					70		
21		1					71		
22		1					72		
23		1					73		
24		1					74		
25		1					75		
26		1					76		
27		1					77		
28		1					78		
29		1					79		
30		1					80		
31		1					81		
32		1					82		
33		1					83		
34		1					84		
35		1					85		
36		1					86		
37		1					87		
38		1					88		
39		1					89		
40		1					90		
41		1					91		
42		1					92		
43		1					93		
44		1					94		
45		1					95		
46		1					96		
47		1					97		
48	1						98		
49	1						99		
50	1						100		
TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		